2010 AUG -7 AM 8: 42-

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FEC FORM 1		ORGANIZATION			Office Use Only	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Equation :	
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Committe	122					
ADDRESS (number and street) LIST ISIOININ, IFIFITH SHIP AT						
(Check if a	ddress	Smite 9.00				
is changed	)	Minnegroul	is	MM	551402-	
			CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only one e	e-mail address)			
(Check if	address	ariam. Diesit	Herian Ogilicien	Henre	ilsies. Com	
is change			<u> </u>	<u> </u>		
COMMITTEE'S WEB	PAGE AD	DRESS (URL)				
			<u>                                     </u>	<u> </u>	<u> </u>	
(Check if address is changed)						
2. DATE 07 27 2009						
3. FEC IDENTIFICATION NUMBER COO482719						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have o	examined th	nis Statement and to the bes	t of my knowledge and belief it	is true, correct	and complete.	
Type or Print Name of Treasurer A cam V. Desteign						
Signature of Treasure	ər	AULS		Date 07	272009	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only			For further information of Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

		COMMITTEE					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand	_	6. W. 200					
Cand Party	idate Affiliati	Office State Office State on Sought: House Senate President District					
(c)	1	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Part	y Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.					
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
	•	Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
<b>(f)</b>	V	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint	Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.	FEC ID number C					

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar	The .	•
Armenian An	erizans Legislative Issues Committee	
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
. •		
Nowelli		
Mailing Address		<u> </u>
-		
		. 1_1
	CITY STATE	ZIP CODE
gereg:		
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
<ol><li>Custodian of Records: Id books and records.</li></ol>	lentify by name, address (phone number optional) and position of the person in po	ossession of committee
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Full Name Gaic	Jowes	
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	Minurial Prolitis 1111 MU SIST	410121-
Title or Position	CITY STATE	ZIP CODE
	~	2591-12221
Treasure	Telephone number	359-69RI
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the n , assistant treasurer).	ame and address of
Full Name of Treasurer	m V Deisiteira	
Mailing Address	US SONHIN FRANKLISH RECHTILL	·
Mailing Addisos		
	Bimiltie 912011111111111111111111111111111111111	<u>.                                    </u>
	CITY STATE	化のユー ZIP CODE
Title or Position	CITY	ZIF CODE
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Full Name of Designated Agent	4 DOMES I		
Mailing Address	LIST BOWHW ITSIFIEM	MISHIRETTI	
	Builtie Plop 1111	· 	
	Minucial Piolisi	STATE	SIS 4012 -
Title or Position			
Clot Ticleaisiu	ren	Telephone number	
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		which the committee deposits	funds, holds accounts, rents
Tra	distion Capital	Bank	
Mailing Address	76011 FIRMICI LUH	u Sionagili i	
	Switz 140 111		
	EDI MALLILI	<u>um</u>	6×1413151-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
1			
Mailing Address	1		
Mailing Address	l		· , , , , , , , , , , , , , , , , , , ,
	1	<del></del>	
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	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked 7/29/09			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signature Confirmation™ Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busines	ss Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Receipt or Postmarked			
Su	8/1/-9			
(3/2005)	DATE PREPARED			